

DOJ SETTLEMENT AGREEMENT – PROCESS DOCUMENT (PCR Round 5)

(Transportation for Community Access via Waiver Provider/Non NEMT)

DATE CREATED

9/21/2020

CREATED BY

Eric Williams

VERSION NO.

008

PROCESS OWNER

Heather Norton

DATE OF LAST REVISION

8/20/2023

LAST UPDATED BY

Heather Norton

INSTRUCTIONS

1. **'I. INTRODUCTION'** – This section is utilized to provide detailed information about the document and the contents that is contained within the document. Information referenced in this document will provide details needed to understand the documented process and its deliverables.
 - a. **Purpose:** Provide the purpose of the document to include specific detail about what is being addressed with the development of this process
 - b. **Scope:** This section should outline the deliverables and/or objectives of this process to provide a method to measure success
 - c. **Document Management:** Describe how the document will be tracked, stored, and distributed.
 - d. **Compliance:** Provide all DOJ Provision and Compliance ID #s that are relevant or will be addressed by implementing the process on this document including language.
 - e. **Roles & Responsibilities:** Identify the role of all individuals involved in the process and define their responsibilities of each individual.
2. **'II. CHANGE CONTROL'** – This section will provide a description of the systematic approach to managing changes made to the process as well as ensuring that no unnecessary change or revisions are made that disrupt services or compliance.
 - a. **Process Description** – Provide a detailed description about the process and what the process will address (i.e. developed as a monitoring tool, lower budget expenses, etc.)
 - b. **Input/Trigger** – A process input/trigger describes what initiates the start of the process. Provide detailed information about what input is needed to start the process (i.e. intake process is initiated, a new service is begun, payment is received, etc.). The input/trigger should provide an explanation for the necessary tasks/steps identified in the process.
 - c. **Outputs/Measures of Success** – A process output/measure of success describes the expected end product of a process (i.e. report, improved performance metrics, etc.). Provide a statement that describes what the expected outputs/measure of success of the process should be. The description of this output should allow for the development or tracking of measures of success.
 - d. **Boundaries** – Process boundaries identify where the process starts and when it ends, it also identifies what is included and what is not included in the process. Boundaries also identify areas of intersect with other processes and activities. Provide any identified boundaries (i.e. initiation, closure, reporting cadence, frequency of process, etc.) in this section. Boundaries could include the intersection of where the process ends and the reporting process begins that includes the findings of the process.

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- e. **Points of Control** – Points of Control within a process identifies any action or event that could “block” the implementation of the process. Provide any foreseen obstacles that may impact successfully implementing the documented process
- f. **Version Control** – Version Control will be utilized to track changes and guide naming conventions of process documents.
Documents should follow the below nomenclature:
Program Area_Purpose_Ver_Version# (DS_DOJ DQ Assessment_Ver_001)
- 3. **‘III. Reporting’** – List of reports that are generated utilizing the data from this process
- 4. **‘IV. Process’** – Provide detailed step-by-step instructions for implementation/execution of process.
- 5. **‘V. Measure Documentation’** – Description of the measure for reporting documentation
 - a. **Measure Language** – Written in plain language, the measurable outcome is described here. This presents what the team wants to see happen at the individual, provider, or state level.
 - b. **KPA PMI?** – A yes or no indicator to show whether this measure is a Performance Measure Indicator (PMI) that will be monitored in the Key Performance Area Workgroups (KPAs).
 - c. **Numerator** – Numerator is described here, representing a subset of the same number described in the denominator.
 - d. **Denominator** – Denominator is described here, representing the total number of applicable cases.
 - e. **Target** – The goal, such as a count or percentage, for which the results should fall at or above.
 - f. **Target Date** – The date or timeframe by which the target should be met (e.g., based on annual state fiscal year).
 - g. **Baseline** – A period of benchTark data available prior to monitoring.
 - h. **Population** – A description of the counts in the denominator (e.g., individuals on the DD waivers, all service providers).
 - i. **Regional Breakdown?** – A yes or no indicator to show whether a regional breakdown of the data is possible for this measure.
 - j. **Office of Clinical Quality Management Recommendation** – Language from the Office of Clinical Quality Management that provides guidance for actions needed.
 - k. **Recommendation Mitigation & Timeline** – The time period and actions that will be taken to address the recommendation.
- 6. **‘VI. Verification’** – Provide all verification or validation process that needs to take place to ensure that the process is valid.
- 7. **‘VII. Continuous Quality Improvement (CQI)’** – Provide a detailed step-by-step process describing what will be done to monitor and improve process as time progresses.
- 8. **‘VIII. Glossary of Terms’** – Contains definitions of terms used to describe process activities and requirements

I. INTRODUCTION

PURPOSE

Transportation provided by waiver service providers (not to include NEMT) is provided to facilitate individuals' participation in community activities and Medicaid services, per their ISPs. Performance Measure Indicator monitored by the Provider Competency and Capacity Key Performance Area workgroup, QIC approved September 2020 for SFY2021 reporting, DQV

SCOPE

The QSR vendor interviews individuals and their family
 1) If_you_want_to_go_somewhere_does_your_provider_take_you?_ (response options: Yes, No, Not Applicable, CDN for could not determine)

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DOCUMENT MANAGEMENT	<p>2) Do_you_have_any_problems_getting_to_go_where_you_want?_ (response options: Yes, No, Not Applicable, CDN for could not determine), and</p> <p>3) If_yes_what_kinds_of_problems_do_you_have?_ (text entry where “no” is indicated for Q2).</p> <p>Question 1 and 2 provides quantitative data for analysis, which is enhanced with qualitative data from question 3 to inform future actions. Questions 3 provides the information that would be used for quality improvement.</p>
	<p>All process documents will need to utilize approved process templates provided by DBHDS. Process documents will be saved as .pdf documents before distributed. All process documents will be stored in a centralized document library. Any revisions or updates to the document will need to be approved and documented for effective revision and/or document management. Naming conventions for versioning will be strictly enforced.</p>
PROVISION	<p>III.C.8.a Access and Availability of Services</p> <p>a. The Commonwealth shall provide transportation to individuals receiving HCBS waiver services in the target population in accordance with the Commonwealth's HCBS Waivers.</p>
COMPLIANCE INDICATORS	<p>16.8 As part of the person-centered reviews conducted through the Quality Service Review (QSR) process, the vendor will assess if transportation provided by waiver service providers (not to include NEMT) is being provided to facilitate individuals’ participation in community activities and Medicaid services per their ISPs. The results of this assessment will be included in the QSR annual report presented to the Quality Improvement Committee (QIC). At least 86% of those reviewed report that they have reliable transportation to participation in community activities and Medicaid services.</p>

ROLES AND RESPONSIBILITIES

ROLE	RESPONSIBILITY
Director Provider Development	Initial PMI development within the Provider Capacity and Competency KPA Workgroup
Assistant Commissioner	PMI documentation transition to Process Document template, Transportation DOJ SA study contact for compliance indicator III.C.8.a #6 (CI 16.8)

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Senior Director of Clinical Quality Management	Provides data from QSR vendor,

II. CHANGE CONTROL

PROCESS DESCRIPTION	As part of the person-centered reviews (PCR) conducted through the Quality Service Review (QSR) process, the vendor will assess if transportation provided by waiver service providers (not to include NEMT) is being provided to facilitate individuals’ participation in community activities and Medicaid services per their ISPs. The results of this assessment will be included in the QSR annual report presented to the Quality Improvement Committee (QIC). Compliance is met when at least 86% of those reviewed report that they have reliable transportation to participation in community activities and Medicaid services
INPUT/TRIGGER	<ol style="list-style-type: none"> 1) 165. If you want to go somewhere, does your provider take you? (response options: Yes, No, CND for could not determine) 2) 166. Can you get where you want to go without problems? (response options: Yes, No, CND for could not determine), and 3) 167. If no, what kinds of problems do you have? (text entry where “no” is indicated for Q2). <p>Questions 1 and 2 provide quantitative data for analysis, which is enhanced with qualitative data from question 3 to inform future actions. Questions 3 provides the information that would be used for quality improvement.</p>
OUTPUTS/MEASURE OF SUCCESS	Compliance is met when at least 86% of those reviewed report that they have reliable transportation to participation in community activities and Medicaid services, as reported through the Quality Services Review Annual/Aggregate Report.
BOUNDARIES	Quality Service Review provider and individual sampling methodology.

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POINTS OF CONTROL	Provider willingness to participate in the QSR. Selected individual/family willingness to participate in the Person Centered Review. Ability of individual to answer the question reliably.
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VERSION	DATE	DESCRIPTION OF CHANGE IMPLEMENTED	COMPLETED BY
001	7/6/2021	Moved to new format	Chandelle Pullen
002	11/1/2021	Updated information around data collection	Jenni Schodt
003	11/1/2022	Updated information regarding questions in QSR, information points of control and process steps, numerator/denominator.	Heather Norton
004	07/1/2023	Updated threats to reliability and validity	Heather Norton
005	8/14/2023	Modified Section V and the instructions for this section to align with the updated Process Template that includes KPA PMI essential elements. Also, the descriptions of the numerator and denominator were updated to reflect plain language explanations of the measure. No other modifications to the method or process were made.	Ariel Unser (Data Reporting Manager, Office of Clinical Quality Management)
006	8/20/2023	Based on data validation, it was determined that step 4, letter h. was not worded correctly for the data analyst to reproduce the data, this step was updated according to feedback from the data analyst.	Heather Norton
007	8/20/2023	Updated- question numbers in the PCR tool changed- no change to data calculations	Heather Norton
008	8/30/2023	Updates included step 4 letter d – adding “starting” to denominator to provide clarity, Step 4 letter h, 6 th line adding a comma after no to help distinguish the next statement is an additional review, and under Office of Clinical Quality Management Recommendation added the following to the last	Heather Norton (recommendation from Chris Adams, IR Consultant)

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		sentence to add clarity around the process and close the loop “where the narrative response is reviewed for any reference to DMAS NEMT”	
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III. REPORTING

REPORTING TOOL/MECHANISMS			
Report Name	VA_QSR_R()_PCR Aggregate data file	Data Source	QSR Person Centered Review- Individual Interview
Report Name		Data Source	
Report Name		Data Source	

IV. PROCESS

OVERVIEW				
STEP#	PROCESS STEPS	SOURCE OF RECORD	APPROVAL REQUIRE D	APPROVER
1	QSR vendor conduct Person Centered Review and individual interviews. Performed by: QSR Reviewer	QSR PCR Tool	Yes	Assistant Commissioner - reviews questions and how to make determination of answers
2	The following questions are asked as a part of the QSR PCR review			

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	<p>1) If_you_want_to_go_somewhere_does_your_provider_take_you?_1012042) (response options: Yes, No, Not Applicable, CDN for could not determine) (Question 165, column HS)</p> <p>2) Do_you_have_any_problems_getting_to_go_where_you_want?_101205 (response options: Yes, No, Not Applicable, CDN for could not determine) (Question 166, HT), and</p> <p>3) If_yes_what_kinds_of_problems_do_you_have?_101206 (text entry where “no” is indicated for Q2) (Question 167, Column HU).</p>	QSR PCR Tool		
Performed by: QSR Reviewer				
Performed by: QSR Reviewer				
3	<p>At the end of each Round of reviews the QSR vendor submits the VA_QSR_R()_PCR Aggregate data file to DBHDS as an Excel document containing all the data points HSAG collects from the PCR</p>	QSR PCR Data Extract		
Performed by: QSR Vendor				
4	<p>a.) DBHDS staff starts by clearing all filters in the VA_QSR_R()_PCR Aggregate data file to make sure that no one is missed for the review.</p> <p>b.) DBHDS filter according to the date the interview was conducted for the individual served (Question 146, column GZ). DBHDS staff filter out all blanks (uncheck the blanks box, leaving only selections that have dates).</p> <p>c.) Next, from column S, DBHDS filters out the three Provider Service Types: Agency Directed Respite, Case Management, and Crisis Support Services. (uncheck those services)</p> <p>d.) DBHDS then tallies how many people have been interviewed for the PCR-highSight row AB from the first person and scroll down- excel then tabulates the total. This is the starting denominator, the total number of people interviewed for the PCR. Make note of this denominator for later steps.</p> <p>e.) Once the denominator is determined, DBHDS then filters yes on the question:</p>	QSR PCR Data Extract		

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165, column HS. If you want to go somewhere, does your provider take you? (response options: Yes, No, CND for could not determine) and determines the total number of people who said yes. Make note of this number for later steps.

f.) Then, reset the filters for question 165, column HS to Yes, No, and CND. Now, filter only to No selections. Make a note of the number of people that answered No to include in the report. Review column HU, question 167. If any of these text responses reference NEMT, such as referencing DMAS or Modivcare, remove those from the denominator that was determined in sub-step d above. Make a note of the updated denominator for later steps (if applicable based on responses to question 167).

g.) Reset the filters for question 165, column HS, to Yes, No, and CND. Now, filter only to CND (could not determine). Make a note of this number to include in the report.

h.) DBHDS resets the filter for question 165 to all yes answers and then filters on no responses question 166. Can you get where you want to go without problems? (response options: Yes, No, Not Applicable, CDN for could not determine) (Question 166, HT) and determines the total number of people who said no. Make a note of this number. Next, with this filter still in place, review the number of people who said no and for q167 determine if there is any reference to NEMT (i.e. talks about DMAS or Modivcare), and if so count that total and subtract for the q166 total that was just arrived upon earlier in step h. Make a note of this updated number (if applicable based on responses to question 167). Also, review the reasons that the person was not able to get to where they want to go without problems from question 167. Categorize these and provide the qualitative groupings and associated numbers in the report. For example, 6 people said they could not get to where they wanted to go because they did not have a driver's license.

i.) Now, arrive at the % of people with access to transportation by their provider as follows:

of people that said yes to question 165 (less any of those that referenced NEMT) from step f above, minus the number who said no to question 166 from

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step h above. Then, divide that number by the number arrived at in step f above. This is the percentage of people with access to transportation by their provider.

j.) for a final step, to determine the percentage of people that had access to transportation with an assumption that all of the people that the QSR vendor noted “could not determine” as having access to transportation, complete the following.

-use the same denominator from step f

-for the numerator, ensure that columns GR and S are filtered the same way as described in sub-steps b and c above. Then, in **column HS (question 165)**, filter to “yes” and “CND” (could not determine). Make a note of the total for this number. Take this number and subtract from it the number who said no to **question 166** from step h above. Then, divide that number by the number arrived at in step f above. This is the percentage of people with access to transportation by their provider with an assumption that all the people that the QSR vendor noted “could not determine” had access to transportation. Include this percentage in the report and note as an assumption.

Performed by: Assistant Commissioner

V. MEASURE DOCUMENTATION

Measure Language	Transportation provided by waiver service providers (not to include NEMT) is provided to facilitate individuals' participation in community activities and Medicaid services per their ISPs.
Numerator	The number of individuals interviewed in each round of the QSR PCR (not to include NEMT via Logisticare/Modivcare, Case Management, Crisis Support Services, or Agency Directed Respite) who indicated their provider took them where they wanted to go without problems.
Denominator	The number of individuals interviewed in each round of the QSR PCR (not to include NEMT via Logisticare/Modivcare, Case Management, Crisis Support Services, or Agency Directed Respite.)
Target	86%
Target Date	Annually

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Baseline	Round 1 FY21: 84% (based on QIC slides presented by Heather).
Population	Individuals receiving DD Waiver services assessed through the QSR process, based on the sampling methodology.
Regional Breakdown?	No.
Office of Clinical Quality Management Recommendation	<p>DQV reviewed this measure on July 6, 2021 and did not identify any potential concerns with the methodology at that time. On December 14, 2021, the Measure Steward reviewed this PMI at the Annual KPA PMI Workgroup meeting and requested a follow-up review with DQV based on feedback in the 19th IR report. DQV staff met with the Measure Steward on February 8, 2022 but neither could identify any concerns related to the PMI or its methodology within the IR report.</p> <p>The Director of OCQM also performed an assessment of QSR in 2023. Risks identified with the QSR data include whether or not the definitions are clear and whether HSAG received feedback timely from the SME for this round. This data has clear definitions for a determination of yes, no and could not determine. This data did not have threats to reliability and validity. Despite clarity around definitions individuals sometimes confuse transportation that is provided by their residential/day provider versus transportation provided by DMAS. This is accounted for in the methodology described above where the narrative response is reviewed for any reference to DMAS NEMT.</p>
Recommendation Mitigation & Timeline	N/A

VI. VERIFICATION

VERIFICATION, VALIDATION, AND TESTING PROCESS

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VII. CONTINUOUS QUALITY IMPROVEMENT (CQI)

CQI PROCESS		
STEP#	PROCESS STEPS	PERFORMED BY
#	(Describe the step required to perform action)	(Identify the role/job title of individual performing this task)
1	Review narrative associated with PCR findings, identify if there are systemic issues, misunderstandings with the question or issues to be remedied	Assistant Commissioner
2	Present concerns identified at the KPA workgroup for feedback and determine if remediation is needed.	Assistant Commissioner
3	Meet with self-advocates and identify if any additional concerns are known around transportation and father feedback for review,	Assistant Commissioner

VIII. GLOSSARY OF TERMS

Term	Definition
NEMT	Non-Emergency Medical Transportation – a benefit provided by Medicaid to transport individuals to necessary services/appointments
QSR	Quality Service Review- a process by which DBHDS subcontracts to gather information on the quality of supports and services provided to individuals
PCR	Person Centered Review- a part of the QSR process that includes interview with support coordinator, provider, individual and/or family as well as a direct observation of the individual in their service.

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